

#### **HEALTH ANNUAL STATEMENT**

#### FOR THE YEAR ENDING DECEMBER 31, 2013

OF THE CONDITION AND AFFAIRS OF THE

Fidelis SecureCare of Michigan Inc. NAIC Group Code Employer's ID Number NAIC Company Code 10769 , State of Domicile or Port of Entry \_\_ Organized under the Laws of Michigan Country of Domicile United States Licensed as business type: Life, Accident & Health [ ] Property/Casualty [ ] Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [X] Other [ ] Is HMO, Federally Qualified? Yes [X] No [] Hospital, Medical & Dental Service or Indemnity [ ] Incorporated/Organized Commenced Business Schaumburg, IL, US 48152 (City or Town, State, Country and Zip Code) 20 N. Martingale Road, Suite 180 Statutory Home Office Main Administrative Office 20 N. Martingale Road, Suite 180 Schaumburg, IL, US 60173 847-605-0501 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) 20 N. Martingale Road, Suite 180 Schaumburg, IL, US 60173 Mail Address Primary Location of Books and Records 20 N. Martingale Road, Suite 180 (Street and Number) 847-592-9161 Schaumburg, IL, US 60173 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) Internet Website Address www.fidelissc.com Statutory Statement Contact \_ Daniel Mark Erickson Mr. 847-592-9161 (Area Code) (Telephone Number) (Extension) 847-517-1085 (Name) dan.erickson@fidelissc.com **OFFICERS** Title Title Name Name Samuel Randolph Willcoxon Mr. President Samuel Randolph Willcoxon Mr. Secretary Kim Rennard Tulsky Ms. # Treasurer OTHER OFFICERS **DIRECTORS OR TRUSTEES** Valerie Kim Bergeron Ms. # Gregory Dean Bellware Mr. # David Bruce Bosma Mr. State of SS County of ... The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an expect except the procedure of the procedure of the expectation of the expectation of the procedure of the expectation of the procedure of the expectation of the procedure of the expectation of th exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement. Samuel Randolph Willcoxon Mr. Kim Rennard Tulsky Ms. Gregory Dean Bellware Mr. President & Treasurer Secretary Director a. Is this an original filing? Yes [X] No []

b. If no,

2 Date filed

1. State the amendment number

3. Number of pages attached

Subscribed and sworn to before me this

day of

#### **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1	2	3	4	5	6	7				
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted				
0199999 Total individuals										
Group subscribers:										
				<b>†</b>						
				<b>+</b>						
		·····								
	NON									
		····								
0299997 Group subscriber subtotal	0	0	0	0	0					
0299998 Premiums due and unpaid not individually listed										
0299999 Total group	0	0	0	0	0					
0399999 Premiums due and unpaid from Medicare entities		<u> </u>		1						
0499999 Premiums due and unpaid from Medicaid entities				1						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	0	0	0	0	0					

#### **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
ndividually Listed Receivables: artner's Rx						<u> </u>
artner's Rx.				236,783	364,111	
0199999 - Totals - Pharmaceutical rebate receivables	127 ,328			236,783	364,111	
CMS						
0699999 - Totals - Other Receivables	52,098					52,09
				-		
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			I			
0799999 Gross health care receivables	179,426			236,783	364,111	52,09

#### **EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED**

	Health Care Rece During t			ceivables Accrued 31 of Current Year	5	6
Type of Health Care Receivable	1 On Amounts Accrued Prior to January 1 of Current Year		3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Receivables in	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	341,848	94,765		364,111	341,848	
Claim overpayment receivables					0	
Loans and advances to providers					0	
Capitation arrangement receivables					0	
Risk sharing receivables					0	
6. Other health care receivables	141,526			52,098	141,526	
7. Totals (Lines 1 through 6)	483,374	94,765	0	416,209	483,374	0

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

#### EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid (	Claims	•	•	•	
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
						+
						•
						•
						<b>1</b>
						1
						<b>.</b>
						+
						•
0199999 Individually listed claims unpaid.	0	0	0	0	0	(
0299999 Aggregate accounts not individually listed-uncovered						(
0299999 Aggregate accounts not individually listed-uncovered	456,906					456,900
0499999 Subtotals	456,906	0	0	0	0	456,906
0599999 Unreported claims and other claim reserves						1,516,532
0699999 Total amounts withheld						
0799999 Total claims unpaid						1,973,438
0899999 Accrued medical incentive pool and bonus amounts						51.088

#### **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

EXHIBIT O - AMOONTO DOET INOMIT ARENT, CODOIDIANTES AND ATTIELATES											
1	2	3	4	5	6	Adm	itted				
						7	8				
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current				
Individually Listed Receivables:		·									
Individually Listed Receivables: FSC of Michigan Services, Inc						628 , 117					
1	1					· ·					
			<b>†</b>	<b>†</b>	<b>†</b>	•					
					<b></b>						
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			<b></b>	<b></b>	<b>.</b>						
0199999 Individually listed receivables		0	0	0	0	628 , 117	0				
0299999 Receivables not individually listed											
0399999 Total gross amounts receivable	628,117	0	0	0	0	628,117	0				

#### EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	2	4	5
Affiliate	Description	Amount	Current	Non-Current
	Description		Current	Non-Current
Fidelis SeniorCare, Inc.		208,663	208,663	
Fidelis HealthCare Services, Inc		44,378	44,378	
0199999 Individually listed payables		253,041	253,041	0
0199999 Individually listed payables		·	·	
0399999 Total gross payables		253,041	253,041	0

#### **EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0	0			
2. Intermediaries	0	0.0		0.0		
3. All other providers	4,931,398	26.8	1,271	100.0		4,931,398
Total capitation payments	4,931,398	26.8	1,271	100.0	0	4,931,398
Other Payments:						
5. Fee-for-service		34 . 1	XXX	XXX		6,267,661
6. Contractual fee payments	6,925,047	37 . 6	XXX	XXX		6,925,047
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
Bonus/withhold arrangements - contractual fee payments	278,789	1.5	XXX	XXX		278,789
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	13,471,497	73.2	XXX	XXX	0	13,471,497
13. Total (Line 4 plus Line 12)	18,402,895	100 %	XXX	XXX	0	18,402,895

#### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1	2	3	4	5	6
			Average		Intermediary's
			Average Monthly	Intermediary's	Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Intermediary's Total Adjusted Capital	Control Level RBC
111110 0000	· · · · · · · · · · · · · · · · · · ·	oupitation i aid	Capitation	. otal / tajaotoa oapital	00111101 20101 1120
	NONE				
9999999 Totals			XXX	XXX	XXX

#### **EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment	636,619		176,356		460,263	
6. Total	636,619	0	176,356	0	460,263	0



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

								(LOCATION)		
AIC Group Code 3744 BUSINESS IN THE STATE C	OF Michigan			DURING THE YEAR	2013			NAI	C Company Code	10769
	1	Compre (Hospital &		4	5	6	7	8	9	10
		2	3	Medicare	Vision	Dental	Federal Employees Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	737							737		
2 First Quarter	738							738		
3 Second Quarter	918							918		
4. Third Quarter	1,067							1,067		
5. Current Year	1,271							1,271		
6 Current Year Member Months	11,416							11,416		
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	1,976							1,976		
11. Number of Inpatient Admissions	454							454		
12. Health Premiums Written (b)	20,505,213							20 , 505 , 213		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	20,505,213							20,505,213		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	18,402,895							18,402,895		
18. Amount Incurred for Provision of Health Care Services	17,947,217							17,947,217		

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products	
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 20,505,213



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION** 

								(LOCATION)		
NAIC Group Code 3744 BUSINESS IN THE STATE OF	Consolidated			DURING THE YEAR	2013				IC Company Code	10769
	1	Comprel (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	737	0	0	0	0	0	0	737	0	
2 First Quarter	738	0	0	0	0	0	0	738	0	
3 Second Quarter	918	0	0	0	0	0	0	918	0	
4. Third Quarter	1,067	0	0	0	0	0	0	1,067	0	
5. Current Year	1,271	0	0	0	0	0	0	1,271	0	
6 Current Year Member Months	11,416	0	0	0	0	0	0	11,416	0	
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	1,976	0	0	0	0	0	0	1,976	0	
11. Number of Inpatient Admissions	454	0	0	0	0	0	0	454	0	
12. Health Premiums Written (b)	20,505,213	0	0	0	0	0	0	20 , 505 , 213	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	20,505,213	0	0	0	0	0	0	20,505,213	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	18,402,895	0	0	0	0	0	0	18 , 402 , 895	0	
18. Amount Incurred for Provision of Health Care Services	17,947,217	0	0	0	0	0	0	17,947,217	0	

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_ 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 20,505,213

# Schedule S - Part 1 - Section 2 NONE

Schedule S - Part 2

#### **SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

			Reinsu	rance Ceded Accident and Health Ins	urance Liste	a by Reinsuring Con		er 31, Current Year				
1	2	3	4	5	6	7	8	9	Outstanding S	Surplus Relief	12	13
NAIC								Reserve Credit	10	11	Modified	
Company				Domiciliary			<b>Unearned Premiums</b>				Coinsurance	Funds Withheld
Code		Effective Date		Jurisdiction	Type	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	<b>Under Coinsurance</b>
27154			Atlantic Specialty Insurance Company	NY	SSL/1/A	41,601						
			. Affiliates – Captive			41,601						
		d U.S. Affiliates				41,601						
	<ul> <li>Total Authorize</li> </ul>					41,601						
		ccount Authorized				41,601	0	0	0	0	0	0
		ccount Unauthoriz	ed			0	0	0	0	0	0	0
	- Total General A					0	0	0	0	0	0	0
			, Unauthorized and Certified			41,601	0	0	0	0	0	0
		Accounts Authoriz				0	0	0	0	0	0	0
		Accounts Unauthor	ized	<u>-</u>		0	0	0	0	0	0	0
	<ul> <li>Total Certified</li> </ul>					0	0	0	0	0	0	0
			ed, Unauthorized and Certified			0	0	0	0	0	0	0
		Accounts Certifie				0	0	0	0	0	0	0
			999, 0899999, 1199999, 1599999, 1899999, 2399999, 269		999)	41,601	0	0	0	0	0	0
7099999 -	- Total Non-U.S.	(Sum of 0299999,	0599999, 0999999, 12999999, 16999999, 19999999, 24999999,	2799999,		0	0	0	0	0	0	0
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9999999	) Totals					41,601	0	0	0	0	0	0

#### **SCHEDULE S - PART 4**

	Reinsurance Ceded To Unauthorized Companies													
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
					D				1					
					Paid				Issuing or					
					and				Confirming		Funds Deposited			Sum of Cols
NAIC				Reserve	Unpaid Losses			Letters	Bank		by and		Miscellaneous	9+11+12+13+14
Company	ID	Effective		Credit	Recoverable	Other	Total	of	Reference	Trust	Withheld from		Balances	But Not in
Code	Number	Date	Name of Reinsurer	Taken	(Debit)	Debits	(Cols. 5+6+7)	Credit	Number (a)	Agreements	Reinsurers	Other	(Credit)	Excess of Col. 8
Oouc	INGITIDO	Date	IVAING OF IVEHISURE	raken	(Debit)	DODIO	(0013. 0.0.7)	Orcuit	rumber (a)	7 Igreements	Temburers	Other	(Orcuit)	
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(-)	Confirming Bank Reference	Letters of Credit	American Bankers Association (ABA)	la seita a a Canfirmina Dank Nasa	Letters of Credit
(a)	Number	Code	Routing Number	Issuing or Confirming Bank Name	Amount

#### **SCHEDULE S - PART 5**

Dainauranaa Cadad ta	Cartified Deineurere	o of Docombor 24	Current Year (000 Omitted)

								Rei	nsurance C	eaea to c	ertified Re	insurers as	ot Decembe	er 31, Curre	ent Year (U	ou Omitte	a)								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15				Collateral				23	24	25	26
															16	17	18	19	20	21	22				
																							Percent		
																							Credit		Liability for
																						Percent of	Allowed on	Amount of	Reinsurance
														Dollar								Collateral	Net	Credit	with
							Percent				Total			Amount of									Obligation	Allowed for	
							Collateral				Recoverable		Net	Collateral					Funds		Total	Net	Subject to	Net	Reinsurers
						Effective	Required		Paid and		Reserve		Obligation	Required			Issuing or		Deposited		Collateral	Obligation	Collateral	Obligation	Due to
					Certified	Date of	for Full		Unpaid		Credit		Subject to				Confirming		by and		Provided	Subject to	(Col. 23 /	Subject to	Collateral
NAIC					Reinsurer	Certified		Reserve	Losses		Taken	Miscellaneous		Credit	Multiple	Letters	Bank		Withheld		(Col. 16 +		Col. 8, not to		Deficiency
	ID	Effective		Domiciliary	Reliisulei	Reinsurer	(0% -	Credit	Recoverable	Other	(Col. 9 + 10		(Col. 12 -		Beneficiary	of	Reference	Trust	From		17 + 19 +	(Col. 22 /	Exceed	(Col. 14 x	(Col 14 –
Company Code	Number	Date	Name of Reinsurer	Juriodiction	Through 6)		100%)	Taken	(Debit)	Debit	+ 11)	(Credit)	13)	Col. 14 X	Trust	Credit				Other	20 + 21)	Col. 14)	100%)	Col. 14 X	Col. 25)
	Total Life a		Name of Remsurer	Julisulction	iji iliougii o)	Railiy	100%)	1 akeii	(Debit)	Debit	T 11)	(Credit)	13)	C01.6)	nust	Credit	XXX	Agreements	Reliisuleis	Other	20 + 21)	XXXXX	XXXXX	001. 24)	COI. 23)
		ent and Health	2							0			Ω	Ω			XXX					XXX	XXX	0	
	Total Genera		I											ν			XXX					XXX	XXX		
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9999999 To	als							0	0	0	0	0	0	0	0	0	XXX	0	0	n	0	XXX	XXX	0	0

( )	Confirming Bank Reference	Letters of Credit	American Bankers Association (ABA)		Letters of Credit
(a)	Number	Code	Routing Number	Issuing or Confirming Bank Name	Amount

# SCHEDULE S - PART 6 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	(000 Omitted)												
		1 2013	2 2012	3 2011	4 2010	5 2009							
A.	OPERATIONS ITEMS												
1.	Premiums.	0	0	0	0	0							
2.	Title XVIII-Medicare	42	150	129	128	132							
3.	Title XIX-Medicaid.	0	0	0	0	0							
4.	Commissions and reinsurance expense allowance		0	0	0	0							
5.	Total hospital and medical expenses		0	0	0	0							
В.	BALANCE SHEET ITEMS												
6.	Premiums receivable		0	0	0	0							
7.	Claims payable		0	0	0	0							
8.	Reinsurance recoverable on paid losses	0	0	0	0	0							
9.	Experience rating refunds due or unpaid		0	0	0	0							
10.	Commissions and reinsurance expense allowances due		0	0	0	0							
11.	Unauthorized reinsurance offset	0	0	0	0	0							
12.	Offset for reinsurance with Certified Reinsurers	0	0	XXX	XXX	XXX							
c.	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)												
13.	Funds deposited by and withheld from (F)	0	0	0	0	0							
14.	Letters of credit (L)	0	0	0	0	0							
15.	Trust agreements (T)	0	0	0	0	0							
16.	Other (O)	0	0	0	0	0							
D.	REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)												
17.	Multiple Beneficiary Trust	0	0	XXX	XXX	XXX							
18.	Funds deposited by and withheld from (F)	0	0	XXX	XXX	XXX							
19.	Letters of credit (L)	0	0	XXX	XXX	XXX							
20.	Trust agreements (T)	0	0	XXX	XXX	XXX							
21.	Other (O)	0	0	XXX	XXX	XXX							

#### **SCHEDULE S-PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	Restatement of Balance Sheet to Identify Net Cr	1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	5,535,867		5,535,867
2.	Accident and health premiums due and unpaid (Line 15)	0		0
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance.	XXX	0	0
5.	All other admitted assets (Balance).	1,299,747		1,299,747
6.	Total assets (Line 28)	6,835,614	0	6,835,614
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	1,973,438	0	1,973,438
8.	Accrued medical incentive pool and bonus payments (Line 2)	51,088		51,088
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	318,421		318,421
15.	Total liabilities (Line 24)	2,342,947	0	2,342,947
16.	Total capital and surplus (Line 33)	4,492,667	XXX	4,492,667
17.	Total liabilities, capital and surplus (Line 34)	6,835,614	0	6,835,614
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid.	0		
19.	Accrued medical incentive pool.	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		

## SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Territories

		Alloout	ed By States and Terr		iness Only		
		1 Life	2	3 Disability Income	4 Long-Term Care	5	6
States, Etc.		(Group and Individual)	Annuities (Group and Individual)	(Group and Individual)	(Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						
2. Alaska							
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
	IA						
17. Kansas	KS						
18. Kentucky				•			
19. Louisiana				• • • • • • • • • • • • • • • • • • • •	1		
20. Maine	ME						
21. Maryland			-				
•	IVID						
22. Massachusetts	JVIA						
•	MI						
24. Minnesota							
25. Mississippi							
26. Missouri							
27. Montana							
28. Nebraska							
29. Nevada							
30. New Hampshire							
31. New Jersey	NJ						
32. New Mexico	MM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon							<u> </u>
39. Pennsylvania							
40. Rhode Island				• • • • • • • • • • • • • • • • • • • •			
41. South Carolina				• • • • • • • • • • • • • • • • • • • •			
42. South Dakota	SD						
	TN						
43. Tennessee	TX		-				l
44. Texas							
			-		l		}
46. Vermont	VT						
47. Virginia							
48. Washington					·		}
49. West Virginia							
50. Wisconsin							
51. Wyoming							ļ
52. American Samoa							
53. Guam	GU						
54. Puerto Rico	PR						
55. US Virgin Islands	VI						
56. Northern Mariana Islands							
57. Canada							
58. Aggregate Other Alien							

#### SCHEDULE Y PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

SCHEDULE Y PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM														
1	2	3	4	5	6	7 Name of Securities Exchange if	8	9	10	11	12 Type of Control (Ownership, Board,	13 If Control is	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Publicly Traded (U.S. or International)	Names of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Management, Attorney-in-Fact, Influence, Other)	Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0744	Fiddia Ossis Ossas Isra	40000	00 0044450				Fidelis SecureCare of North	NO	LIDD	Fidelia Occionoca las			Collinson Howe & Lennox II LLC, Versant Ventures II LLC, Arboretum	
3744	Fidelis SeniorCare Inc	12288	20-2214150				Carolina, IncFidelis SecureCare of Michigan.	NC	UDP	Fidelis SeniorCare Inc	.ownership		Ventures III LP Collinson Howe & Lennox II LLC, Versant Ventures II LLC, Arboretum	
3744	Fidelis SeniorCare Inc	10769	30-0312489				Inc	MI	UDP	Fidelis SeniorCare Inc	Ownership	100.0	Ventures III LP Collinson Howe & Lennox II LLC, Versant Ventures II	
3744	Fidelis SeniorCare Inc	12597	84-1704073				Fidelis SecureCare of Texas,	TX	UDP	Fidelis SeniorCare Inc	Ownership		LLC, Arboretum Ventures III LP Collinson Howe & Lennox II LLC.	
3744	Fidelis SeniorCare Inc		26-1332704				Fidelis Healthcare Services,	MI	UDP	Fidelis SeniorCare Inc	Ownership	100.0	Versant Ventures II LLC, Arboretum Ventures III LP Collinson Howe &	
3744	Fidelis SeniorCare Inc		45-2957814				FSC of Washington Health Services, Inc	WA	UDP	Fidelis SeniorCare Inc	Ownership		Lennox II LLC, Versant Ventures II LLC, Arboretum Ventures III LP	
3744	Fidelis SeniorCare Inc		42-2613908				FSC of Washington, Inc	WA	UDP	Fidelis SeniorCare Inc	Ownershin	100 0	Collinson Howe & Lennox II LLC, Versant Ventures II LLC, Arboretum Ventures III LP	
0/ +4	Tractis comordate inc		42-2010000				Too or mashington, inc			Tructis sumstand me	. owner strip		Collinson Howe & Lennox II LLC, Versant Ventures II LLC, Arboretum	
3744	Fidelis SeniorCare Inc		27 -2437372				FSC of Michigan Services, Inc	MI	UDP	Fidelis SeniorCare Inc	Ownership	100.0	Ventures III LP Collinson Howe & Lennox II LLC, Versant Ventures II	
3744	Fidelis SeniorCare Inc		45-3483489				FSC of Michigan Management Services, Inc	MI	UDP	Fidelis SeniorCare Inc	Ownership	100.0	LLC, Arboretum Ventures III LP Collinson Howe & Lennox II LLC.	
3744	Fidelis SeniorCare Inc		46-1335634				FSC of Michigan, PC Group	MI	NIA	Physician Group	Ownership	100.0	Versant Ventures II LLC, Arboretum Ventures III LP Collinson Howe &	
3744	Fidelis SeniorCare Inc		45-3483650				FSC of Washington HealthCare Services, PC	WA	NIA	Physician Group	Ownership		Lennox II LLC, Versant Ventures II LLC, Arboretum Ventures III LP	

#### SCHEDULE Y PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

## SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	PARI 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES											
1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						
					Purchases, Sales or	(Disbursements)						
					Exchanges of	` Incurred in '						Reinsurance
					Loans, Securities,	Connection with		Income/		Any Other Material		Recoverable/
					Real	Guarantees or		(Disbursements)		Any Other Material Activity Not in the		(Payable) on Losses
NAIC					Estate, Mortgage	Undertakings for the	Management	Incurred Under		Ordinary Course of		and/or Reserve
Company	Federal ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
12288	20-221/150	Fidelis SecureCare of North Carolina Inc	(1,200,000)	CONTINUATION	invocanionio	7 (11111010(0)	(565,775)	7 tgroomonto		Buomicoo	(1.765.775)	rattors (Elability)
12507	20-2214130 24 1704073	Fidelis SecureCare of Texas, Inc.	(1,200,000)	75,000			(303,773)			•	(1,765,775) 75,000	
12288 12597 10769	20-2214150 84-1704073 30-0312489	Fidelis SecureCare of Michigan Inc.			•••••					(5,664,586)	(8,337,471)	
3744	16-1719046	Fidelis SeniorCare Inc	1,200,000	(75,000)	•	• • • • • • • • • • • • • • • • • • • •	(2,672,885) (3,315,169		•	(3,004,300)	4,440,169	
3/44	10-17 19040	Fidelis Healthcare Services, Inc.	1,200,000	(73,000)		• • • • • • • • • • • • • • • • • • • •	(76,509)		•	•	(76,509)	
	27 - 2437372	FIGURE 1 Might and Consider the			•		(10,309)			F 004 F00	(70,309)	
	21 - 2431312	FSC of Michigan Services, Inc			<b>+</b>					5 , 664 , 586	5 , 664 , 586	
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#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES.
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?  APRIL FILING	YES
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
which	ollowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of <b>NO</b> to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code ement is required of your company but is not being filed for whatever reason enter <b>SEE EXPLANATION</b> and provide an explanation following the	will be printed below. If the
	MARCH FILING	
11.	,	N0
12.	••	N0
13.		NO
14. 15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement	SEE EXPLANATION
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of	NO
17.	•	SEE EXPLANATION
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed	SEE EXPLANATION
19.		SEE EXPLANATION
20.	with the NAIC by March 1?	SEE EXPLANATION
	APRIL FILING	OFF EVEL MATION
21.		SEE EXPLANATION
22.	··	NO
23.		SEE EXPLANATION
24. 25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by	SEE EXPLANATION
	AUGUST FILING	OLL EN ENWITTON
26.		YES
Expla	nation:	
11.		
12.		
13.		
14. L	ess than 100 shareholders	
15.		
16.		
17. M	edicare Advantage Plans are not required to file.	
18. R	elief is not needed.	
19. R	elief is not needed.	
20 R	elief is not needed	

21. Medicare Advantage Plans are not required to file.

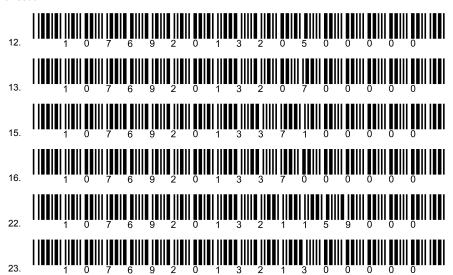
#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22.

23.

- 24. Medicare Advantage Plans are not required to file.
- 25. Medicare Advantage Plans are not required to file.

#### Bar code



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